



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Office Against Interpersonal Violence CIVIL RIGHTS COMPLAINT FORM

This form is to be utilized when filing a complaint of a violation of civil rights laws or non-discrimination provisions. This form is to be used by employees, clients, consumers, program participants, and consumers of OAIV or any Sub-grantee of OAIV filing a complaint alleging discrimination against OAIV or any Sub-grantee of OAIV.

Continue any question on additional sheets if necessary. Attach any written materials or documentation pertaining to your case.

- 1. Your name, address, and telephone number(s):**

- 2. Name, address, and telephone number(s) of person(s) who discriminated against you:**

- 3. Name, address and telephone number(s) of agency or organization involved in your complaint:**

4. Are there other persons or organizations involved in this discrimination case? ☐ Yes ☐ No

If YES, please give the names, addresses and telephone numbers below:

| NAME | ADDRESS | TELEPHONE |
|-------|---------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

5. Which of the following describes the nature of the discrimination involved?

Race/Color ☐ National Origin ☐ Religion ☐ Sex ☐ Disability ☐ Age ☐
Sexual Orientation ☐ Gender Identity ☐

6. Does your charge of discrimination involve:

| | |
|--|---|
| a. Your job or seeking employment? <input type="checkbox"/> Yes <input type="checkbox"/> No | OR b. You using facilities or someone providing services/protection to you (or others)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, which of the following apply? | If yes, how? |
| Hiring | Brutality |
| Work Assignment | Harassment |
| Promotion | Language |
| Demotion | Applying rules/laws differently |
| Discipline | Access to buildings/programs |
| Layoff/Recall | Retaliation |
| Retaliation | Different standards/opportunities/programs |
| Termination | Segregation |
| Other (Specify) | Other (Specify) |

7. Which month(s), day(s), and year(s) did the most recent discrimination against you take place?

Beginning: Month____ Day____ Year_____
Ending: Month____ Day ____ Year_____

8. Explain in detail what happened and how you were discriminated against. State who was involved and show how other persons were treated differently from you.

9. Has the opposite sex or have persons of other races, national origin, religions, or disabilities been treated differently from you in this particular matter? Yes No

If yes, please explain and identify:

Why do you believe this occurred?

10. What other information do you think might be helpful to our investigation?

11. If this complaint is resolved to your satisfaction, what remedy do you seek?

12. Please list below any persons (witnesses, fellow employees, supervisors, or others) whom we might contact for additional information to support or clarify your complaint:

| Name | Address | Telephone |
|-------|---------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

13. Have you filed a case or complaint with any of the following? (Check the appropriate items.)

| | |
|--|--|
| Civil Rights Division, U.S. Dept. Of Justice | U.S. Equal Employment Opportunity Commission |
| Other Federal Agency | Federal or State Court |
| Attorney | Other (specify) |
| Not applicable | |

For any item checked above, please provide the following information:

Name of Agency/Individual: _____

Date Filed: _____

Case or Docket Number: _____

Date of Trial or Hearing: _____

Location of Agency or court: _____

Name of Investigator _____

Status of Case: _____

14. Additional comments:

15. Supporting Documentation Attached (Circle one):

Yes

No

DATE: _____ SIGNED: _____

Please submit this Civil Rights Complaint Form to the Mississippi State Department of Health,
Office Against Interpersonal Violence at the following address:

Heather Wagner, Director
Office Against Interpersonal Violence
Mississippi State Department of Health
P.O.Box 1700
Jackson, Mississippi 39215-1700
(or heather.wagner@msdh.ms.gov)

This complaint may also be filed directly with the US Department of Justice at:

Office for Civil Rights
Office of Justice Programs
U.S. Department of Justice
810 7th Street. NW
Washington, D.C. 20531
(or <https://ojp.gov/about/ocr/complaint.htm>)

Instructions for Completing Office Against Interpersonal Violence Civil Rights Complaint Form

This form is to be utilized when filing a complaint of a violation of civil rights laws or non-discrimination provisions. This form is to be used by employees, clients, consumers, program participants, and consumers of OAIV or any Sub-grantee of OAIV filing a complaint alleging discrimination in the delivery of services or employment against OAIV or any Sub-grantee of OAIV.

1. List your name, address and telephone number.
2. List the name (if known), business address (if known) and telephone number (if known) of the person who discriminated against you.
3. List the name, business address (if known) and telephone number (if known) of the organization or agency which discriminated against you.

NOTE: You must provide the name of the organization or agency, even if you cannot provide the name of a specific individual.

4. If this complaint of discrimination involves other people, please select “yes” or “no” (for example, if you are filing this complaint on behalf of a minor or incapacitated person). If you select “yes,” please also list the names and contact information requested for other person. You should include in this section the name of any other person other than yourself who has been discriminated against or any other person or organization, other than the one listed in question 3, who has participated in the discrimination.
5. Please check the box next to nature of discrimination involved. For example, if you believe you have been discriminated against on the basis of race/color, please mark the box next to that selection. Please select all that are applicable.
6. You may allege discrimination related to your employment or as a recipient of services. Column a. should be completed if the discrimination relates to your job. Column b. should be completed if the discrimination relates to your use of facilities or someone providing services to you (or others). Please see the chart below for instructions on completion of the form and definitions.

| | |
|--|---|
| a. Your job or seeking employment? Yes No <i>If the alleged discrimination relates to your job or seeking employment, check “yes.” If it does not, check “no.”</i> | OR b. You using facilities or someone providing services/protection to you (or others)? Yes No <i>If the alleged discrimination relates to you using facilities or receiving services, check “yes.” If it does not, check “no.”</i> |
| If yes, which of the following apply? <i>Please select the appropriate choice below. You may select more than one.</i> | If yes, how? <i>Please select the appropriate choice below. You may select more than one.</i> |
| Hiring <i>Choose this option if you believe that you were not hired as a result of discrimination on the basis of your race/color, national origin,</i> | Brutality <i>Choose this option if you have been subjected to physical abuse or brutality related to your use of, access to, or receipt of services or facilities as a result of discrimination on the basis of your</i> |

| | |
|---|--|
| <i>religion, sex, disability, age, sexual orientation or gender identity.</i> | <i>race/color, national origin, religion, sex, disability, age, sexual orientation or gender identity.</i> |
| <p>Work Assignment</p> <p><i>Choose this option if you believe that you were given or denied a work assignment as a result of discrimination on the basis of your race/color, national origin, religion, sex, disability, age, sexual orientation or gender identity.</i></p> | <p>Harassment</p> <p><i>Choose this option if you have been subjected to harassment of any kind, including sexual harassment, related to your use of, access to, or receipt of services or facilities on the basis of your race/color, national origin, religion, sex, disability, age, sexual orientation or gender identity.</i></p> |
| <p>Promotion</p> <p><i>Choose this option if you believe you were denied a promotion as a result of discrimination on the basis of your race/color, national origin, religion, sex, disability, age, sexual orientation or gender identity.</i></p> | <p>Language</p> <p><i>Choose this option if you been subjected to discrimination on the basis of language related to your use of, access to, or receipt of services or facilities.</i></p> |
| <p>Demotion</p> <p><i>Choose this option if you believe you were demoted as a result of discrimination on the basis of your race/color, national origin, religion, sex, disability, age, sexual orientation or gender identity.</i></p> | <p>Applying rules/laws differently</p> <p><i>Choose this option if rules or laws have been applied to you differently related to your use of, access to, or receipt of services or facilities as a result of discrimination on the basis of your race/color, national origin, religion, sex, disability, age, sexual orientation or gender identity.</i></p> |
| <p>Discipline</p> <p><i>Choose this option if you believe you received disciplinary action as a result of discrimination on the basis of your race/color, national origin, religion, sex, disability, age, sexual orientation or gender identity.</i></p> | <p>Access to buildings/programs</p> <p><i>Choose this option if you been denied access to buildings or programs as a result of discrimination on the basis of your race/color, national origin, religion, sex, disability, age, sexual orientation or gender identity.</i></p> |
| <p>Layoff/Recall</p> <p><i>Choose this option if you were laid off or not recalled to employment as result of discrimination on the basis of your race/color, national origin, religion, sex, disability, age, sexual orientation or gender identity.</i></p> | <p>Retaliation</p> <p><i>Choose this option if you believe you have been subjected to retaliation for making a complaint against an individual or agency/organization.</i></p> |
| <p>Retaliation</p> <p><i>Choose this option if you believe you have been subjected to retaliation for making a complaint against your employer, supervisor or other employee.</i></p> | <p>Different standards/opportunities/programs</p> <p><i>Choose this option of you believe that different standards, opportunities, or programs have been made available to you as a result of discrimination on the basis of your race/color, national origin, religion, sex, disability, age, sexual orientation or gender identity.</i></p> |
| <p>Termination</p> <p><i>Choose this option if you believe you have been wrongfully terminated as a result of</i></p> | <p>Segregation</p> <p><i>Choose this option of you believe that you have been subjected to segregation as a result</i></p> |

| | |
|--|---|
| <i>discrimination on the basis of your race/ color, national origin, religion, sex, disability, age, sexual orientation or gender identity.</i> | <i>discrimination on the basis of your race/ color, national origin, religion, sex, disability, age, sexual orientation or gender identity..</i> |
| Other (Specify) <i>Please list any other action taken against you which you believe to be a result of discrimination.</i> | Other (Specify) <i>Please list any other type of discrimination on the basis of your race/color, national origin, religion, sex, disability, age, sexual orientation or gender identity in the receipt of services or access to programs or facilities.</i> |

7. Please list the beginning and end date of the most recent act of discrimination against you.
You may list the same date for beginning and end date.
8. Provide a detailed description of your complaint of discrimination. Please be sure to list (using full names) who was involved and also how other people were treated differently than you were.
9. Please select “yes” or “no.” If “yes” is selected, please explain how you have been treated differently than individuals of another race, ethnicity, national origin, religion or disability.
You will also need to explain why you believe this different treatment occurred.
10. Provide any additional information you think might be helpful to OAIV in reviewing your complaint.
11. In this section, please list what you want to happen if the determination is made that you were unlawfully discriminated against. (examples might be re-instatement to job, removal of disciplinary action from file, change in policies, etc.)
12. List any other individuals who we can contact for additional information on your complaint.
13. If you have filed a case or a complaint of discrimination in the past, please check the appropriate selection. You may select more than one. If you have not filed any prior complaint, please select “not applicable.” If you have filed a case or complaint, provide the requested information regarding the name of the agency/organization or individual the complaint was made against; the date the case or complaint was filed; the case, investigation or docket number; the date of trial or hearing (if no trial or hearing was held, put N/A); location of agency or court; the name of the investigator; and the status of the case or complaint (examples of status could be ongoing, pending, resolved in my favor, resolved against me, dismissed)
14. You have the opportunity to add any additional comments in this section.
15. If you supporting documentation to attached, choose “yes.” If you do not have any supporting documentation, choose “no.” If you select “yes,” please be sure to attach the supporting documentation. Supporting documentation may be in the form of emails, letters, information related to other complaints.

If your information will not fit in the space provided, you may use additional pages. If you use additional pages, please be sure to identify the question being continued on the additional page and number each additional page. Be sure to sign and date the complaint form. Completed forms should be mailed or emailed to the addresses listed.